



Your Care Guide at Talbot Hall



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER



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For a digital copy of this guide, please visit go.osu.edu/pted3506.

Talk to your doctor or health care team if you have any questions about your care.

For more health information, go to wexnermedical.osu.edu/patiented or contact the Library for Health Information at 614-293-3707 or health-info@osu.edu.

Welcome to Talbot Hall

We are glad you are here!

This guide has information about your care, including:

- Information about the programs we offer.
- Policies and procedures specific to Talbot Hall.
- Materials to support your treatment.

Please see your counselor if you have any questions about this guide's information.

Outpatient programs

Our outpatient programs promote holistic recovery to achieve health and peace of mind. Your treatment will address the physical, mental, emotional, social, spiritual and environmental parts of your life. All are important to your long term recovery.

The programs we offer and the treatment you receive is based on criteria from the American Society of Addiction Medicine (ASAM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Talbot Hall is accredited by The Joint Commission, OhioMHAS, and The Alcohol, Drug and Mental Health Board of Franklin County (ADAMH).

To start, you will have an assessment to determine the severity of your addiction problem. This assessment will be used to plan your treatment and level of care, and will be used by you and your treatment team to plan your recovery.

We may recommend that you take part in 1 or more programs:

- **Partial Hospitalization Program (PHP)** runs Monday through Friday from 9 a.m. to 3 p.m. Lunch is included. The average time it takes to complete this program is 2 weeks.
- **Intensive Outpatient Program (IOP)** allows patients to maintain family and work responsibilities. It meets 6 to 8 weeks, 3 days a week on Mondays, Tuesdays and Thursdays either from 9 a.m. to 12:15 p.m. from 5:45 p.m. to 9 p.m.
- **Individual and Group Counseling Programs** can be used by itself or along with one or more outpatient programs.
- **Medication-assisted Treatment (MAT)** uses buprenorphine (Suboxone, Sublocade), naltrexone (Revia, Vivitrol) or other medicine to help patients and support their recovery. Patients are required to take part in provider visits, individual and/or group counseling sessions, and drug screenings.

Family support

Your family and support system is encouraged to take part in your treatment. You will need to sign a release form for these individuals to be involved in family programs.

- **Family Education and Support Program** is for family members of patients in PHP or IOP. Family members may attend meetings on Tuesdays from 9 a.m. to 10:30 p.m. or from 5:45 p.m. to 7:15 p.m.

Talbot Hall Policies and Procedures

Program attendance

- **You are expected to attend all activities unless medically excused.**
- Absences must be discussed with your counselor in advance of any scheduled group or session.
- You are responsible to tell your counselor of appointments you may have that interfere with treatment times.
- **Partial Hospitalization, IOP and Group patients must sign in each day.**
- Take care of your physical needs before entering a group or activity so as not to interrupt activities for bathroom breaks.
- Be on time for all groups and activities.

Dress code

- We believe that it is important to be clean and neat at all times. Often when people look and dress well, they feel better.
- Examples of inappropriate dress include: jeans torn in inappropriate places, short shorts, transparent shirts or blouses, halter tops and similar clothes.
- Undergarments should not be visible.
- Clothing with alcohol or drug-use themes, such as T-shirts, belt buckles, hats or others, is not reasonable for this setting.
- If you have any questions about the appropriateness of an article of clothing, please ask a staff member.

Tobacco use

- **All Ohio State locations, including Talbot Hall, are tobacco-free.** You may not use cigarettes, lighters, chewing tobacco, snuff or other tobacco products on Ohio State property.
- Discuss with your provider if you need nicotine replacement for support.
- If you would like to take this opportunity to stop smoking, we can help. Talk to your counselor and read “Quitting Tobacco Use” on page 16 of this book.

Hand washing

Clean hands prevent the spread of infection. You and anyone giving you care should clean their hands:

- When entering and exiting a room.
- After touching objects or surfaces.
- Before and after eating.
- After using the bathroom.

Do not be afraid to ask your health care providers if they have cleaned their hands.

How to wash your hands:

1. Wet your hands and apply soap.
2. Scrub well for at least 20 seconds.
3. Rinse well and dry with a clean towel.

Using an **alcohol-based hand sanitizer** is also an effective way to clean your hands.

1. Apply enough product to cover your hands.
2. Rub briskly until dry.

Drug screens

Drug screens are a part of treatment. You may be asked to take a breathalyzer test or give a urine sample at any time. The urine collection may be observed by a staff member of the same gender.

- Partial Hospitalization and IOP patients' urine collection is done at Talbot Hall.
- Individual and Group patients' urine collection is done at various Ohio State Outpatient Care facilities. See your counselor for facilities and hours of operation.

Treatment verification letter

- **If you need a letter confirming your treatment at Talbot Hall, please take your request to your primary counselor.** Working with your counselor well in advance of discharge from Talbot Hall will speed up the process.
- **Requests require a completed Authorization for Release of Medical Information Form** that includes the name to whom the information is to be sent, their address and phone number, and what information is to be released.
- Any requests for medical information **after discharge** need to be made to:
Ohio State East Hospital
Medical Information Management TG 137
181 Taylor Ave.
Columbus, OH 43203
Requests need to include a completed Authorization for Release of Medical Information Form. Call 614-257-2544 for more information.

Emergency procedures

A **fire alarm** is announced over Talbot Hall's speaker system as "**Code Red**" with the location of the fire. When a fire alarm sounds, the fire doors throughout Talbot Hall will automatically close.

- **If a fire alarm sounds, stay where you are until an "all clear" is announced.**
- If an evacuation is needed, staff members will escort you to the nearest fire exit. Never use the elevators during a fire or a fire drill. Fire exit locations:
 - **First floor:** stairways at both ends of the hallway and hallway to the North Building.
 - **Second (main) floor:** north and south exits off of the Talbot Hall lobby, exits at east and west ends of Talbot Hall, and hallway to the North Building.
 - **Third, fourth and fifth floors:** stairways at both ends of the hallway.
- **If you see smoke or fire, tell a staff member right away.** All Talbot Hall staff have been trained on fire safety and evacuation procedures.

A **severe weather or tornado alert** is announced over Talbot Hall's speaker system as a "**Code Gray Level One**" or a "**Code Gray Level Two.**"

- **Code Gray Level Two** is announced when a severe weather caution is in effect for Franklin County. No immediate action should be taken.
- **Code Gray Level One** is announced when a tornado warning is in effect for Franklin County. In this event, a staff member will lead you to the stairwell at the east end of Talbot Hall to the lower level. Please sit on the floor against a wall until an "all clear" is announced.

Patient Program Participant Agreement

This is a copy of the agreement you signed on admission to Talbot Hall. We ask that you keep this agreement during your treatment.

1. I agree to follow all rules and policies that are in place for all patients' safety and welfare.
2. I agree to work with my treatment team in determining my recovery goals. I agree to be honest in discussing my progress toward these goals with my team and reassessing my goals as needed.
3. If I am receiving any substances from a provider outside Talbot Hall I will notify my Talbot Hall provider.
4. I agree to submit to random urine screens when asked.
5. I agree that I will not bring any alcohol or other drugs into Talbot Hall or onto Ohio State East Hospital grounds at any time.
6. I agree to attend and take part in all treatment activities and be on time. If I need to miss a session, I agree to contact my treatment team beforehand.
7. I agree not to tell others the identity of any other patient here at Talbot Hall for any reason. Further, I agree not to share or repeat anything patients say.
8. I agree to develop social support which is in line with my treatment goals. This may include AA/NA/CA, SMART Recovery, Celebrate Recovery, church recovery groups, peer support or other individual support people.
9. If I am involved in a group treatment setting, I agree to share my problems, experiences and feelings with others in the group in an effort to receive help for myself. I agree to do homework if assigned to me and present it when due.
10. If at any time I decide to discontinue services at Talbot Hall, I will discuss my reasons with my treatment team. If I want to re-engage in services at Talbot Hall, I know I can be reassessed for the right program for me.

The staff of Talbot Hall wants you to be successful. Since 1974, we have been providing substance use disorder treatment to people like you. Following these guidelines will improve your chance of success.

Your Rights as a Patient

You have the right to:

- Be treated thoughtfully and with respect for personal dignity, autonomy and privacy.
- Privacy of communications and personal information based on federal and state confidentiality requirements.
- Receive services without discrimination based on your race, ethnicity, age, color, religion, sex, sexual orientation, national origin, disability, HIV infection or AIDS.
- Be told of all of your rights as a patient.
- Exercise your own rights without reprisal.
- Be told about your own condition.

Related to your treatment, you have the right to:

- Know about available program services.
- Agree to or refuse any service, treatment or therapy.
- Take part in the development, review and revisions of your treatment plan and receive a copy of it.
- Receive services in the least restrictive environment.
- Freedom from unneeded or excessive medicines, physical restraint or seclusion.
- Be told about any treatment that may be unusual or hazardous. You also have the right to refuse this treatment.
- Be told about and have the right to refuse being observed by others in person or through one way mirrors, recordings, photographs, videos or television.
- Consult with an independent treatment specialist or legal counsel at your own expense.
- See your patient record according to program procedures.
- Know the cost of services.

If you have a problem or if you are denied treatment, you have the right to:

- Know the reason you are no longer able to take part in a program.
- Know the reason for denial of a service.
- File a grievance based on program procedures as noted on the next page.
- Have oral and written instructions to file a grievance.

Confidentiality

Our program follows federal and state guidelines regarding confidentiality. This means that we may not tell anyone outside of the facility that a person is attending the program or share any information that identifies him or her as a person with a substance use disorder. We will not share any information about you or your treatment **UNLESS**:

- You have given written consent on an approved Release of Information form.
- We have a **court order**. A subpoena is not enough to require the release.
- You are having a medical emergency.
- There is a credible report of child abuse or neglect.
- You become an active threat to yourself or others.
- There is a qualified person reviewing care for research, audit or program evaluation.

Federal law and regulations **do not protect any information if you threaten or commit a crime** at the facility or against any person who works for the facility.

The privacy of others

We need to feel safe to take risks and reach out with each other. To do this, it is vital that anything that is said in group, and even who is in the group, is not discussed with anyone outside of the group. This includes family, friends, sponsors and peers who were not there. **“What’s said in group, stays in group.”**

Post Acute Withdrawal Syndrome (PAWS)

Recovery from using alcohol and drugs can cause many signs. These signs often occur as the body attempts to repair the brain and other organs. These signs are called **Post Acute Withdrawal Syndrome (PAWS)** and are common for most recovering alcoholics or addicts. Signs of PAWS are often seen 7 to 14 days after stopping alcohol or drug use. They peak over the next 3 to 6 months. **To have long term recovery, learn the signs of PAWS and how to manage them.**

Common signs of PAWS

- **Not able to think clearly.** You may have trouble with problem solving and concentration. You may struggle with facts and figures. You may read something over and over and still not understand what the text is trying to say. Your thinking may change, so you are not able to see options or the same thoughts may go around and around in your head.
- **Memory problems.** You may be forgetful and not remember recent events.
- **Emotions are active or numb.** You may become angry over a small matter or feel more anxious or more excited than you have reason to be. It is easy to lose control and do something rash or impulsive. If you become too overwhelmed, you may shut down your emotions so that you are numb and not able to feel anything. Many people have mood swings that can change quickly and often.
- **Sleep problems.** You may have trouble falling asleep, staying asleep or waking early. You may have changes in your sleep patterns, such as sleeping for long periods at a time, going for days without feeling a need for sleep or sleeping at different times of the day. One common problem in early recovery are dreams, often about using, that get in the way of your sleep.
- **Coordination problems.** Dizziness, trouble with balance, problems with hand and eye coordination, and slow reflexes can cause you to be clumsy and prone to accidents.

- **Stress sensitivity.** You may have trouble identifying low or high stress situations. You may not recognize a low level of stress but then you explode when you start to feel more stress. People often feel this is one of the more confusing signs to deal with in recovery.

Cycles of signs

Signs of PAWS often become worse during times of high stress. When you are well rested and relaxed, eating properly and getting along with people, you will probably appear to be fine. Your thoughts will be clear, your emotions appropriate and your memory all right. When you have high stress, your brain may suddenly shut down causing signs to worsen.

Signs of PAWS often occur at regular “moon cycle” intervals and without apparent outside stressors. Often around days 30, 60, 90, 120 and 180, and around the 1 and 2 year marks of sobriety, there may be a “triggering” of signs of PAWS.

People recovering from long term opiate use, such as pain killers and heroin, or stimulant use, such as cocaine and amphetamines, often have signs of PAWS for no apparent reason for several years.

Expect your body to need at least a year to return to normal physical functioning, and at least 2 years for emotional and cognitive functions to return to normal.

We will work with you on an ongoing program of growth and recovery to help you.

Dealing with Sleep Problems During Recovery

Sleep problems are very common during early recovery. You may have trouble getting to sleep or staying asleep. You may wake during the night or wake up early in the morning. You may feel tired or fall asleep during the day because you are not getting a restful sleep. These problems may come and go while your body heals and often stop after a few months.



To help you relax and sleep better:

- Take time before bedtime to relax. Read, write in your journal or do some deep breathing and relaxation exercises.
- Take a hot bath or shower 30 to 60 minutes before bedtime.
- If you do not fall asleep after 15 to 20 minutes, get up and go to another room. Do something relaxing, such as reading or listening to music. Go back to bed when you feel sleepy.
- Establish a regular bedtime and wake up time each day, including weekends.
- Avoid naps during the day.
- Exercise each day in the morning or afternoon. Avoid exercising in the evening; it can make it hard for you to relax at bedtime.
- Do not go to bed too full or too hungry. Eat a light snack with protein before bed, such as cheese, peanut butter or yogurt. Avoid sugary, high carbohydrate foods at bedtime.
- Limit caffeine each day and avoid caffeine after 6 p.m.
- Limit the fluids you drink before bedtime.
- Stop smoking or other tobacco use. Nicotine effects can limit your ability to relax.
- Keep your bed as a place to sleep and have sex. Do not eat, write, watch TV or talk on the phone while in bed.
- Keep your bedroom dark, quiet and cool to help you sleep.
- Place your clock out of sight to avoid anxiety about the time.

Do not take any over the counter sleep medicines. These medicines will add to your sleep problem. You may take synthetic melatonin (a 1 milligram dose) about 30 minutes before bedtime.

If you follow these tips and still have sleeping problems, talk to your doctor or counselor.

Community Recovery

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recovery from alcoholism.

The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions.

AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes.

Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.

— From AA Grapevine, Inc.

What are Twelve Step Programs?

These programs provide community support to those who want to establish and maintain a lifestyle free from alcohol and drugs. There are many different 12 Step Programs. The most popular are:

- Al-Anon
- Alcoholics Anonymous (AA)
- Cocaine Anonymous (CA)
- Narcotics Anonymous (NA)

Each program has a book that guides its members:

- *Alcoholics Anonymous*, often called the AA Big Book
- *Hope, Faith & Courage* for CA
- *Narcotics Anonymous* for NA

Based on higher power

The programs are spiritually based, but they are not based on any religion. Each person chooses a high power, which can be anything beyond you. For some, it may be nature, family, God, Buddha, science or their home group.

Sponsor

A sponsor is someone who has made some progress in the recovery program. This person shares the recovery experience on a continuous basis with another who is trying to reach and maintain sobriety through 12 Step Programs. Your sponsor is a guide, a teacher, a coach and a support. You will be encouraged to get a sponsor as part of your recovery program.

Meeting types

There are many different types of meetings, including:

- **Open meetings** that anyone can attend.
- **Closed meetings** that are for alcoholics or addicts only.
- **Speaker meetings** where a person talks about his or her story of recovery.
- **Discussion meetings** where everyone is invited to share and talk about a topic or whatever is on his or her mind.
- **Step meetings** where someone reads from the program's literature and attendees discuss it.

Notes

- When you attend a meeting, you do not have to talk. Just say “I pass.”
- The program custom is to identify yourself by your first name or first name and last initial. For example, “I’m Brian G.”
- If you need an attendance slip signed, you may place it in the basket as it is being passed along with your donation. (It is program custom to ask for a donation, but it is not required.) You can pick up your slip after the meeting from the chairperson.
- The number of meetings you are asked to attend is based on your needs.

Find a meeting

Meetings may be in-person or available online.

Local

- aacentralohio.org/meetings
- nacentralohio.org

National/International

- aa-intergroup.org/oiaa/meetings
- virtual-na.org
- ca-online.org/meetings
- Cocaine Anonymous, ca-online.org
- AAonline.net
- Miracles in Progress 12 Step Online Recovery Meetings and Forums, 12stepforums.net
- The e-AA Group, e-aa.org

Recovery Apps

There are many recovery apps available for tablets and smartphones. They range from meeting finders and daily inspirations to Big Book study guides and e-journals. Some have small costs, but many are free. They are available to download from your device’s App store (Apple, Google Play, etc.).

Organizations

These organizations provide support through phones/helplines/hotlines, meetings and website resources:

- **Central Ohio Group Fellowship of Alcoholics Anonymous**
651 W. Broad St.
Columbus, OH 43215
Phone: 614-253-8501
Fax: 614-253-5554
aacentralohio.org
Hours: Monday through Friday 9 a.m. to 6 p.m., Saturdays 9 a.m. to 3 p.m.; Sundays closed
- **Central Ohio Narcotics Anonymous**
1313 E. Broad St.
Columbus, OH 43205
Phone: 614-252-1700
centralohionarcoticsanonymous.org
- **Marijuana Anonymous**
Phone: 1-800-766-6779
marijuana-anonymous.org
- **Ohio Area Cocaine Anonymous**
Phone: 614-251-1122
caohio.org
- **Crisis Lines**
 - 24 Hour Line: 800-273-TALK (8255)
 - Netcare Access Franklin County: 614-276-CARE (2273)
 - Texting Hotline: Text “4HOPE” to 741-741 (no data charge for Verizon, T-Mobile, AT&T or Sprint users).

Other Recovery Support Groups

Smart Recovery

Self-Management And Recovery Training (SMART) is a global community of mutual support groups. At meetings, participants help one another resolve problems with any addiction (to drugs or alcohol or to activities such as gambling or over eating). Participants find and develop the power within themselves to change and lead fulfilling and balanced lives guided by this science-based and sensible 4-Point Program.
smartrecovery.org

Women for Sobriety

Women for Sobriety Inc. is a nonprofit organization dedicated to helping women discover a happy new life in recovery from Substance Use Disorders. Founded in 1975, the WFS New Life Program is based on 13 Acceptance Statements that encourage emotional and spiritual growth. WFS has certified moderators and chat leaders leading mutual support groups online and in person, as well as phone volunteers available for one-on-one support. Any woman seeking an abstinent new life is welcome to join WFS, and all expressions of female identity are welcome.
womenforsobriety.org

Celebrate Recovery

Celebrate Recovery is a Christ-centered, 12 step recovery program for anyone struggling with hurt, pain or addiction of any kind. Celebrate Recovery is a safe place to find community and freedom from the issues that are controlling our life.
celebraterecovery.com



Secular Organizations for Sobriety

Secular Organizations for Sobriety (SOS) is a nonprofit network of autonomous, non-professional local groups, dedicated solely to helping individuals achieve and maintain sobriety/abstinence from alcohol and drug addiction, food addiction and more.
sossobriety.org

LifeRing Secular Recovery

LifeRing Secular Recovery is an organization of people who share practical experiences and sobriety support. There are as many ways to live free of drugs and alcohol as there are stories of successful sober people. Many LifeRing members attend other kinds of meetings or recovery programs, and we honor those decisions. LifeRing's emphasis on the positive, practical present-day can turn anger and despair into hope and resolve. LifeRing respectfully embraces what works for each individual.
lifering.org

Prayers and Slogans

The Serenity Prayer (Used by AA)

God, grant me the **serenity** to
Accept the things I cannot change
Courage to change the things I can, and
Wisdom to know the difference.

The Serenity Prayer (Reinhold Niebuhr, 1943)

God, give me the grace to
Accept with serenity the things that cannot be changed,
Courage to change the things that should be changed, and
Wisdom to distinguish one from the other.
Living one day at a time,
Enjoying one moment at a time,
Accepting hardship as a pathway to peace,
Taking as God did this sinful world as it is,
Not as I would have it.
Trusting that God will make all things right,
If I surrender to God's will;
That I may be reasonably happy in this life, and supremely happy with God,
Forever in the next.

Slogans

Easy does it.	Keep coming back; it works if you work it.	Practice an attitude of gratitude.
First things first.	Fake it 'til you make it.	You are not alone.
Live and let live.	Sobriety is a journey...not a destination.	Faith without works is dead.
Think, think, think.	Just for today.	Turn it over.
One day at time.	To thine own self be true.	We are only as sick as our secrets.
Let go and let God.	Willingness is the key.	Stick with the winners.
K.I.S.S. – Keep It Simple Stupid.		
This, too, shall pass.		

The Twelve Steps and Promises of AA

Steps

1. We admitted we were powerless over alcohol (and drugs) and that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God, as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to others and to practice these principles in all our affairs.

Promises

1. We are going to know a new freedom and a new happiness.
2. We will not regret the past nor wish to shut the door on it.
3. We will comprehend the word “serenity.”
4. We will know peace.
5. No matter how far down the scale we have gone, we will see how our experience can benefit others.
6. That feeling of uselessness and self pity will disappear.
7. We will lose interest in selfish things and gain interest in our fellows.
8. Self seeking will slip away.
9. Our whole attitude and outlook on life will change.
10. Fear of people and of economic insecurity will leave us.
11. We will intuitively know how to handle situations which used to baffle us.
12. We will suddenly realize that God is doing for us what we could not do for ourselves.

Quitting Tobacco Use

Nicotine and recovery

Research on quitting smoking while in recovery has found:

- Quitting smoking and staying quit may improve your chances of staying in recovery from other drug use.
- Cigarette smoking increases the chance of relapse among people in recovery from substance use disorder (SUD).
- Heavier smokers are even more likely to relapse back to SUD. Among smokers at the initial interview, the odds of relapse increased by 0.7% for each cigarette smoked per day 3 years later.
- Many people think that stopping smoking while in recovery is too hard for patients struggling to abstain from substance use. However, most research seems to say that it helps your recovery to quit smoking at the same time.

Quitting resources

Ohio State resources

- If you have an Ohio State primary care doctor, talk to your doctor about a referral to the office's pharmacist for smoking cessation counseling. Ohio State's family medicine and internal medicine doctors are your health partners to quit tobacco use.
- You may also call **614-293-QUIT (7848)** to connect with a pharmacist for one-on-one assessment, counseling and treatment. For more information about this program, please visit wexnermedical.osu.edu/heart-vascular/clinical-pharmacist-services/smoking-cessation.

Benefits of quitting

If you quit smoking right now...

- **Within 20 minutes**, your heart rate and blood pressure drops.
- **After 8 hours**, the oxygen levels in your blood return to normal.
- **Within 3 months**, your circulation and lung function improves.
- **Within 9 months**, you will cough less and breathe easier.
- **After 1 year**, your risk of heart disease is cut in half.
- **After 5 years**, your risk of having a stroke will be the same as a nonsmoker's. Your risk of cervical cancer and stroke return to normal.
- **By 10 years**, you will have decreased your risk of developing cancer.

- **Quitting Tobacco Use Book:** Available from your health care provider or visit go.osu.edu/pted3430.

Quit lines

- **American Cancer Society**, 800-227-2345
- **American Lung Association**, 1-800-LUNGUSA (1-800-586-4872)
- **BeTobaccoFree.gov**, 877-448-7848
- **Ohio Tobacco Quit Line**, 1-800-QUIT-NOW (1-800-784-8669)

Mobile apps

- Search your mobile device's app store for quit smoking apps, such as **QuitGuide** and **QuitSTART**.

The 3 challenges of tobacco addiction

Nicotine is a chemical in tobacco products your body craves. It is part of the reason tobacco is an addiction. To be successful at quitting tobacco use, your body needs to rid itself of nicotine and overcome physical, emotional and behavioral addiction.

- **Physical addiction:** When you use tobacco, nicotine travels to your brain. In 10 seconds, the chemical reaction gives you feelings of pleasure and relaxation. These feelings come from a release of dopamine in the brain. Your body creates more nicotine receptors as you increase tobacco use. This leads to a physical addiction or nicotine dependency. When you quit tobacco, your brain continues to crave nicotine. Your body will go through withdrawal until the number of nicotine receptors returns to the amount they were before you started using tobacco. **Replace tobacco with other physical activities that you enjoy, such as walking, biking or group sports.**
- **Emotional addiction:** Nicotine produces feelings of pleasure. As you rid your body of nicotine, it can affect your mood and how you feel. If you used tobacco to manage stress or your emotions, **find family or friends to support you** instead of using tobacco for support. Look for online support groups and communities. **Be honest about how you feel,** and identify and address the emotions you have about tobacco. **Develop new coping skills** to use while you quit.
- **Behavioral addition:** Tobacco use is a learned behavior. Breaking the tobacco habit means **creating new behaviors** to replace it. This can take as little as 3 weeks. Think about when you are most likely to use tobacco and find new behaviors that will support your changed lifestyle.

The 5 steps to quit

1. **Talk to your provider or pharmacist.**
There are quit aids, nicotine replacement products, support groups, quality websites and mobile apps to help you quit.
2. **Set a quit date.** Pick a date within the next few weeks to quit tobacco. This will give you time to prepare. On your quit day, change your regular routine.
3. **Tell family and friends you plan to quit.**
Having support is key to successful quitting. Share with your family and friends how they can help, such as being your “quit buddy” or doing tobacco-free activities with you like going to the movies or playing basketball.
4. **Prepare for your quit date.**
 - Cut down on the amount of tobacco products you use now. It will make your quit date easier, such as only smoking half a cigarette at a time.
 - Use sugarless gum, carrots, celery, hard candy, toothpicks or straws to replace tobacco when you have the urge for something in your mouth.
 - Throw away all tobacco products, matches, lighters and ashtrays.
 - Clean your home, car and clothes to remove tobacco odors.
 - Have your dentist clean your teeth to remove tobacco stains.
5. **Plan a reward system for quitting.**
Reward yourself for choosing healthy behaviors that replace tobacco use and meet certain milestones. Set reasonable goals, such as milestones of 1 day, 1 week, 1 month, 3 months and 6 months. Think of small and large rewards that will motivate you. Create a money jar from saved tobacco money. Use it to go out to dinner, pay bills or get new exercise equipment.

Preventing a slip or relapse

A **slip** is using a small amount of tobacco one or two times after quitting. It is a part of your current quit attempt. A **relapse** is returning to the amount of tobacco you used before you quit. Focus on slips and make changes to your quit plan to increase your success.

Think about your answers to these questions so that you can better understand what led to your tobacco use.

- What was I doing?
- Who was I with?
- What was I thinking before using tobacco?

Understanding and coping with withdrawal

Withdrawal is your body's way of ending tobacco dependency. The signs of withdrawal are temporary and include:

- Feeling depressed
- Problems sleeping
- Being angry or irritable
- Feeling anxious or nervous
- Problems concentrating
- Feeling restless
- Headaches
- Increased appetite or weight gain
- A slower heart rate

You may notice signs 2 to 3 hours after you last used tobacco. Signs may peak 2 to 3 days later, depending on how much and how long you used tobacco.

To cope with withdrawal:

- Talk to your provider about nicotine replacement products that are safe for you to use.
- Talk to your provider about ways to deal with physical signs of withdrawal, which may include dry mouth, cough, sore throat, nasal drip or mucus, headache, dizziness, sleeping problems, problems concentrating or hunger.



- Tell your quit buddies that you plan to quit and let them know that you may need to talk, cry, laugh or get involved in an activity to get through withdrawal.
- Get support:
 - Talk to your provider.
 - Find a counselor.
 - Gather family members.
 - Talk with friends.
 - Talk with someone from your faith/religious group.
 - Share with close neighbors.
 - Tell people with whom you share hobbies.
 - Join an online community.
 - Call a quit line.
- Drink plenty of water and other fluids to flush nicotine from your body.
- Cut back on caffeine. Some people report feeling anxious and having trouble sleeping even if the same amount of caffeine is in their diet.
- Increase your exercise. Physical activity helps to release energy and keeps you focused on something other than tobacco.

Understanding and coping with cravings

The urge to use tobacco will come and go. There are people, places, things and situations that may trigger the urge to use tobacco. You won't be able to avoid all triggers, so it's important to make a plan for how you will handle them. Cravings often last 5 to 10 minutes. Make a plan to wait it out or to do an activity to distract yourself. For example, to avoid tobacco when driving a car, keep gum or mints in the car.

Infections and Substance Use

Alcohol use disorder increases the risk and severity of infections like bacterial pneumonia and tuberculosis. It is also associated with increased rates of hepatitis C infection and HIV.

Substance use disorder increases the risk of infections like HIV and hepatitis B and C. It is also associated with increased rates of sexually transmitted diseases.

Some of these infections are discussed in detail here. Talk to your health care team about your risk for infection and ask about testing.

Tuberculosis (TB)

TB is a disease caused by bacteria. It most often impacts the lungs, but TB bacteria can also affect the kidneys, spine and brain. If not treated, TB disease can be fatal.

You can be infected with TB when breathing in the bacteria. You are at higher risk to get TB if you have a weak immune system.

Not everyone infected with TB becomes sick. As a result, two TB-related conditions exist: latent TB infection and TB disease.

Latent TB is when the person has no signs of TB. The bacteria are in the body, but they are not active. **TB disease** is when people have signs of the bacteria, such as:

- A bad cough that lasts 3 weeks or longer
- Chest pain
- Coughing up blood or sputum
- Weakness or fatigue
- Weight loss or loss of appetite
- Chills
- Fever
- Night sweats

Testing:

A skin test is done to check for TB.

- A **positive test** result means that you have been infected. If your test is positive, your doctor may also use a blood test, a chest X-ray and sputum tests to confirm that you have TB. Your family members and others living with you will also be skin tested.

- A **negative test** result means that you are not infected. The skin test may not react if you have a weak immune system. Your doctor may check for TB if your skin test is negative, but you still have signs.

If you have a positive skin test or have TB:

- You will be started on several medicines. Take your medicines as directed. You may need to take medicines for 6 to 9 months. Do NOT stop taking your medicines, even if you feel better.
- Cover your mouth when you cough, sneeze or laugh then wash your hands.
- Always wash your hands before and after meals.
- To keep your body strong, eat 3 meals and drink 8 glasses of fluid each day.
- Go to all doctor appointments.

If you are sick enough that you need to be in the hospital:

- You may be on respiratory isolation. This prevents others from getting TB.
- You will be isolated until you have been on TB medicines for 2 to 3 weeks or until your sputum is not infected.
- Anyone who comes into your room will wear a mask.
- The door to your room will be closed.
- You will need to wear a mask when you are out of your room.

Call your doctor right away if your signs worsen or do not get better.

Hepatitis

Hepatitis is a liver disease. The liver has several vital functions:

- It helps digest food and medicine.
- It helps the body store energy.
- It removes toxins and waste products from the blood.

With hepatitis, the liver is irritated, inflamed and swollen. It does not work as it should.

Causes

Toxins, certain drugs, some diseases, heavy alcohol use, and bacterial and viral infections can all cause hepatitis.

The most common types of viral infections are hepatitis A, hepatitis B and hepatitis C. They are caused by three different viruses. Although each can cause similar signs, they have different modes of transportation and can affect the liver differently.

- **Hepatitis A** appears as an acute or newly occurring infection and does not become chronic. People with hepatitis A usually improve without treatment.
- **Hepatitis B and C** can begin as acute infections, but in some people, the virus remains in the body, causing chronic disease and long term liver problems.

Talk to your doctor about getting vaccinated for hepatitis A and hepatitis B. There is no vaccine for hepatitis C.

Signs of Viral Hepatitis

Hepatitis often has no signs. When signs occur, they are most often flu-like and may include:

- Fever
- Fatigue
- Loss of appetite
- Nausea or vomiting
- Abdominal pain
- Dark urine
- Clay-colored bowel movements
- Joint pain
- Jaundice (yellowing of skin or eyes)

Testing

Blood tests will be done to determine if and what kind of hepatitis exists, how much of the virus is currently in the blood and to see how the liver is working.

Treatment

Check with your provider before taking any prescription or over the counter medicines and supplements, which can damage the liver. Alcohol should be avoided.

Hepatitis A:

- **Acute infection:** You may feel sick for a few months before you begin to feel better. Your doctor may recommend rest, adequate nutrition and fluids.

Hepatitis B and C:

- **Acute infection:** Your doctor may recommend rest, adequate nutrition and fluids. Acute hepatitis C is treated with the same medicines used to treat chronic hepatitis C.
- **Chronic infection:** Your doctor may treat your infection with medicines. See your doctor regularly to monitor your disease.

HIV/AIDS

HIV (human immunodeficiency virus) is a virus spread through body fluids that affects specific cells of the immune system, called CD4 cells or T cells. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. When this happens, HIV infection leads to AIDS (acquired immunodeficiency syndrome).

The only way to know if you have HIV is to be tested. Many people who are infected with HIV do not have any signs for 10 years or more. Some people who are infected with HIV have flu-like signs 2 to 4 weeks after exposure. Signs may include:

- Fever
- Enlarged lymph nodes
- Sore throat
- Rash

These signs last from a few days to several weeks. During this time, HIV infection may not show up on an HIV test, but people who have it are highly infectious and can spread the infection to others.

Get tested annually for HIV infection. Visit your doctor, find a free testing site or purchase a home testing kit. See your doctor as soon as possible if you test positive for HIV. Medical care and treatment have the greatest effect when HIV is found early.

Treatment

There is no cure for HIV, but with medical care, it may be controlled. Treatment for HIV is called antiretroviral therapy (ART). It uses a combination of medicines to suppress the HIV virus. ART can dramatically prolong the lives of people infected with HIV and lower their chance of infecting others. Today, someone diagnosed with HIV and treated before the disease is far advanced can have a nearly normal life expectancy.

Sexually transmitted infections

Sexually transmitted infections (STIs) are infections that spread from person to person through sexual contact (oral, vaginal or anal). They are also referred to as STDs, or sexually transmitted diseases).

There are more than 30 types of bacteria, viruses and parasites that can cause STIs. Some of the more common include:

- Bacterial vaginosis (BV)
- Chlamydia
- Gonorrhea
- Hepatitis, viral
- Herpes, genital
- Human immunodeficiency virus (HIV)
- Human papillomavirus (HPV)
- Pelvic inflammatory disease (PID)
- Syphilis
- Trichomoniasis

Signs

Signs of STIs may develop within 3 days or may not occur for months after being infected. Sometimes signs may go unnoticed. Most infections have a dormant or resting period when there are no signs. Some men and women have no signs, but have the infection and can pass it on to others.

Common signs include:

- Burning with urination
- Genital ulcers, such as open sores or blisters
- Warts
- Rash

Men may also have discharge from the penis. Women may have vaginal discharge and abdominal pain.

Talk to your doctor about testing for sexually transmitted infections.

How to Prevent STIs

- Practice abstinence. The most reliable way to avoid infection is to not have sex (anal, vaginal or oral).
- Get vaccinated. Talk to your doctor about vaccines to prevent HPV and hepatitis B.
- Practice mutual monogamy. Agree to be sexually active with one person, who has agreed to be sexually active only with you. Get tested to ensure you both are STD-free.
- Reduce your number of sexual partners.
- Use a male latex condom every time you have oral, vaginal or anal sex.

Outpatient Medicine Recommendations

This is not a complete list of medicines. Ask about any prescription or over the counter medicines not on the list **BEFORE** taking them. **Do not ever** take another person's medicine.

Do NOT Use		
<p>Pain:</p> <ul style="list-style-type: none"> • Avinza (morphine sulfate) • Darvocet (acetaminophen and propoxyphene) • Darvon (propoxyphene) • Demerol (meperidine) • Dilaudid (hydromorphone) • Duragesic patch (fentanyl) • Fentanyl • Heroin • Vicodin, Lorcet, Norco, Loratab (hydrocodone/acetaminophen) • MS Contin (extended-release morphine) • Morphine • Nubain (nalbuphine) • Opana (oxycodone) • Roxicodone, Oxycontin (oxycodone) • Percocet (oxycodone, acetaminophen) • Percodan (oxycodone, aspirin) • Stadol (butorphanol) • Talwin (pentazocine) • Ultram (tramadol) • Tylenol with Codeine • Tylox (oxycodone/paracetamol) 	<p>Anxiety:</p> <ul style="list-style-type: none"> • Ambien (zolpidem) • Ativan (lorazepam) • Dalmane (flurazepam) • Halcion (triazolam) • Klonopin (clonazepam) • Librium (chloridiazepoxide) • Lunesta (eszopiclone) • Restoril (temazepam) • Serax (oxazepam) • Sonata (zaleplon) • Tranxene (clorazepate) • Valium (diazepam) • Xanax (alprazolam) <p>Barbiturates:</p> <ul style="list-style-type: none"> • Butalbital • Fioricet (butalbital/acetaminophen/caffeine) • Nembutal (pentobarbital) • Solfoton (phenobarbital) • Seconol (secobarbital) <p>Sleep:</p> <ul style="list-style-type: none"> • Ambien (zolpidem) • Halcion (triazolam) • Lunesta (eszopiclone) 	<p>Stimulants:</p> <ul style="list-style-type: none"> • Adipex (phentermine) • Dexedrine (dextroamphetamine) • Ephedra • Mini Thin (ephedrine) <p>Alternative Herbs:</p> <ul style="list-style-type: none"> • Kava Kava • Kratom (mitragyna speciosa) <p>Others:</p> <ul style="list-style-type: none"> • Coricidin (dextromethorphan/chlorpheniramine) • Dextromethorphan • Paregoric (anhydrous/morphine) • Robitussin DM (dextromethorphan) • Soma (carisoprodol) • Sudafed (pseudoephedrine) • Tussionex (hydrocodone/chlorpheniramine)
Acceptable to Use		
<p>Pain:</p> <ul style="list-style-type: none"> • Tylenol (acetaminophen) • Motrin (ibuprofen) • Naprosyn (naproxen) • Cymbalta (duloxetine) <p>Sleep:</p> <ul style="list-style-type: none"> • Melatonin • Desyrel (trazodone) • Remeron (mirtazapine) • Silenor (doxepin) 	<p>Addiction (MAT):</p> <ul style="list-style-type: none"> • Suboxone (buprenorphine/naloxone) • Subutex (buprenorphine) • Sublocade (buprenorphine) • Antabuse (disulfiram) • Vivitrol (naltrexone) • Depade (naltrexone) • Campral (acamprosate) • Chantix (varenicline) 	<p>Anxiety:</p> <ul style="list-style-type: none"> • Buspar (buspirone) • Vistaril (hydroxyzine) • Neurontin (gabapentin) <p>Cough and cold:</p> <ul style="list-style-type: none"> • Organidin N.R. (alcohol-free) • Cepacol lozenges • Humabid (long lasting) • Guaifenesin (alcohol-free) <p style="text-align: right;"><i>continued</i></p>

Acceptable to Use (continued)

Depression:

- Celexa (citalopram)
- Cymbalta (duloxetine)
- Norpramin (desipramine)
- Effexor (venlafaxine)
- Elavil (amitriptyline)
- Lexapro (escitalopram)
- Luvox (fluvoxamine)
- Paxil (paroxetine)
- Pristiq (desvenlafaxine)
- Prozac (fluoxetine)
- Remeron (mirtazapine)
- Wellbutrin (bupropion)
- Trintellix (vortioxetine)
- Zoloft (sertraline)

Stomach/Digestion:

- Alka-Seltzer
- Maalox (aluminum/magnesium)
- Pepto Bismol
- Colace (docusate sodium)
- Miralax (polyethylene glycol)

Neuroleptics:

- Haldol (haloperidol)
- Prolixin (fluphenazine)
- Stelazine (trifluoperazine)
- Abilify (aripiprazole)
- Geodon (ziprasidone)
- Risperdal (risperidone)
- Seroquel (quetiapine)
- Zyprexa (olanzapine)
- Latuda (lurasidone)
- Fanapt (iloperidone)
- Invega (paliperidone)
- Saphris (asenapine)
- Vraylar (cariprazine)
- Rexulti (brexpiprazole)

Nausea:

- Zofran (ondansetron)
- Vitamin B6

Mood Stabilizers:

- Depakote (valproic acid)
- Lamictal (lamotrigine)
- Lithium
- Lithobid (lithium carbonate)
- Tegretol (carbamazepine)
- Topamax (topiramate)
- Trileptal (oxcarbazepine)

Neuropathic Pain:

- Pamelor (nortriptyline)
- Elavil (amitriptyline)
- Neurontin (gabapentin)
- Lyrica (pregabalin)

Health Promoting:

- Calcium
- Multivitamin
- Vitamin B1, B6, B12
- Vitamin C (1000 mg)
- Vitamin E (400 IU)

Pain Medicine and Opioid Use Disorder

You may have a time when you have pain caused by an injury or from surgery.

If you have an opioid use disorder, be sure to:

- **Tell all of your providers about your history.** You may not need an opioid. There are other medicines that may be used to control pain.
- **Coordinate your care with your provider at Talbot Hall.**
- If you are on opioids after surgery, change from taking IV opioids to pills as soon as you can. Change to non-steroidal anti-inflammatory drugs (NSAIDs) or other non-opioids as soon as you can.
- If you need to be on opioid medicine after you leave the hospital, be sure the medicine is in the hands of a trusted family member.
- Do not take opioids for emotional pain, disrupted sleep or anxiety.
- Know that you may become preoccupied with your pain medicine. You are at risk for having urges and cravings about your pain medicine.
- Involve your recovery support system. Talk daily.
- Each day, go to a meeting or attend an online meeting.



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